

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sml		1/12/00
O.I.P.E. CLASSIFIER			10/1/00
FORMALITY REVIEW		69833	1/15/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
15	1/12/00
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Claim	Date
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If more than 150 claims or 10 actions  
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